



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)  
Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

//

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☒ Check if this is a new name  
COMMITTEE TO ELECT MARSHALL WHITE MAYOR OF NOBLESVILLE

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number  
( 317 ) 691-3525

4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address  
P.O. BOX 414

5. City, State, ZIP Code  
NOBLESVILLE, IN 46061

6. Party Affiliation (if applicable)  
REPUBLICAN

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)  
MARSHALL R. WHITE

8. Party Affiliation or If Independent Candidate  
REPUBLICAN

9. Office Sought (Include district number, if any. **Not required for exploratory committee.**)  
MAYOR OF NOBLESVILLE

10. County of Residence  
HAMILTON

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one:  
☐ Pre-Primary ☐ Pre-Election ☐ Annual ☐ Nomination ☐ Other \_\_\_\_\_  
☒ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

Check one:  
☐ Pre-Convention  
☐ Post-Convention

12. Reporting Period:  
From: 1/1/2011 Through: 12/31/2011

COLUMN A  
This Period

COLUMN B  
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

0.00

14. Cash on hand and investments January 1, current year.

0.00

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

5,379.04

5,379.04

15b. Unitemized

2,242.00

2,242.00

15c. Add lines 15a and 15b in both columns

SUBTOTAL

7,621.04

7,621.04

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

7,621.04

7,621.04

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

5,086.33

5,086.33

17b. Unitemized

2,534.71

2,534.71

17c. Add lines 17a and 17b in both columns

SUBTOTAL

7,621.04

7,621.04

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

0.00

0.00

19. Debts OWED BY the committee (use Schedule D)

0.00

20. Debts OWED TO the committee (use Schedule E)

0.00

CERTIFICATION

FOR OFFICE USE ONLY

IF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Title *Jacobs*

Date *12-10-2011*

Date *12-10-2011*

sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly  
on who fails to file a complete or accurate report as required by the Indiana

Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

61:8 MW 61 0301102

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INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 1 of 1

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
				RECEIVED BY
1. TIM AND PEGGY BEAVER 9520 E. 191ST STREET NOBLESVILLE, IN 46060  Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)	\$500.00	\$500.00	1/3/2011
	Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			CINDY WHITE
2. JOHN AND CRISI MELSON DBA GOURMET GROUNDS OF GEIST 11760 OLIO ROAD STE 400 FISHERS, IN 46037  Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)	\$500.00	\$500.00	1/26/2011
	Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			CINDY WHITE
3. MARYSUE ROWLAND CREATIVE WHOLESALE WORLD TRAVEL P.O. BOX 69 NOBLESVILLE, IN 46061  Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)	\$200.00	\$200.00	1/27/2011
	Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			CINDY WHITE
4. MARY SUE ROWLAND P.O. BOX 69 NOBLESVILLE, IN 46061  Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)	\$99.00	\$299.00	1/28/2011
	Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			CINDY WHITE
5. MARSHALL AND CINDY WHITE 1208 WILLOW WAY NOBLESVILLE, IN 46062  Contributor's Occupation (if required)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)	\$4,080.04	\$4,080.04	1/1/11
	Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			CINDY WHITE
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 5,379.04		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$ 5,379.04		



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OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on **ITEM 17a** of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (*such as transfers-out from candidate, legislative caucus, political action, or regular party committees*) **MUST** be itemized on this schedule.

FILE NUMBER

Page 1 of 2

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>C</u> US POSTAL SERVICE NOBLESVILLE, IN 46060	POST OFFICE	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: STAMPS/ P.O. BOX RENTAL	\$252.08	\$252.08	1/15- 2/2/11
Code <u>C</u> SPRINT P.O. BOX 4191 CAROL STREAM, IL 60197	PHONE COMPANY	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: PORTION OF CELL PHONE BILL	\$143.61	\$143.61	1/1- 2/15/11
Code <u>C</u> STAPLES NOBLESVILLE, IN 46060	OFFICE SUPPLY COMPANY	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: MISC SUPPLIES	\$134.33	\$134.33	1/14- 1/31/11
Code <u>C</u> HAMILTON COUNTY GOP 7246 FISHERS CROSSING DRIVE FISHERS, IN 46038	REPUBLICAN PARTY	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: BREAKFAST CLUB	\$150.00	\$150.00	1/7/2011
Code <u>C</u> UPTOWN CAFE 809 CONNER STREET NOBLESVILLE, IN 46060	RESTAURANT	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: FOOD/FUND RAISER	\$150.00	\$150.00	1/27/2011
Code <u>C</u> IMAGE BUILDERS P.O. BOX 69 NOBLESVILLE, IN 46061	PRINTER	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: LETTER HEAD/BROCHURES/D. HANGERS	\$2,957.31	\$2,957.31	1/18- 2/8/11
Code _____ TIM AND PEGGY BEAVER 9520 E. 191ST STREET NOBLESVILLE, IN 46060	CONTRIBUTION	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: REFUND CONTRIBUTION	\$500.00	\$500.00	2/17/2011
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 4,287.33		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i>			\$		



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(CFA-4 SCHEDULE B)  
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FILE NUMBER

Page 2 of 2

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION <i>OFFICE SOUGHT (if applicable)</i>	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code _____ JOHN AND CRISI MELSON DBA GOURMET GROUNDS GEIST 11760 OLIO ROAD STE 400 FISHERS, IN 46037	CONTRIBUTION	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: REFUND CONTRIBUTION	\$500.00	\$500.00	2/17/2011
Code _____ MARYSUE ROWLAND/ CREATIVE WHOLESALE WORLD P.O. BOX 69 NOBLESVILLE, IN 46061	CONTRIBUTION	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: REFUND CONTRIBUTION	\$299.00	\$299.00	2/17/2011
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 799.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i>			\$ 5,086.33		



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State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D)  
DEBTS OWED BY THIS COMMITTEE

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, **OWED BY** the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 1 of 1

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS <i>(if any)</i> <i>(street, number, city, state, ZIP code)</i>	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
MARSHALL AND CINDY WHITE 1208 WILLOW WAY NOBELSVILLE, IN 46062  LENDER'S OCCUPATION:		\$4,080.04	1/1- 3/14/114080.04	\$4,080.04	\$0.00
		FORGIVES BALANCE			
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					\$ 0.00
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <i>(Enter total on ITEM 19 of the Summary Sheet)</i>					\$ 0.00

December 19, 2011

To Whom It May Concern,

I, Marshall R. White, forgive the loan made to the Committee to Elect Marshall White.

Marshall R. White  
1208 Willow Way  
Noblesville, IN 46062  
317-691-3525

Marshall R. White

Date: 12/19/2011

FILED  
2011 DEC 20 AM 9:36  
FBI - INDIANAPOLIS  
RECEIVED  
MAR 19 2012